



CITY OF GRAND RAPIDS OPERATIONAL PERMIT APPLICATION

Mail to: Grand Rapids Fire Prevention Bureau

38 LaGrave Ave SE

Grand Rapids MI 49503-4206

1. TYPE OF OPERATIONAL PERMIT

AEROSOL PRODUCTS <input type="checkbox"/>	AMUSEMENT BUILDINGS <input type="checkbox"/>	AVIATION FACILITIES <input type="checkbox"/>
BATTERY SYSTEMS <input type="checkbox"/>	CARNIVALS & FAIRS <input type="checkbox"/>	CELLULOSE NITRATE FILM <input type="checkbox"/>
COMBUSTIBLE DUST-PRODUCING OPS. <input type="checkbox"/>	COMBUSTIBLE FIBERS <input type="checkbox"/>	COMPRESSED GASES <input type="checkbox"/>
COVERED MALL BUILDINGS <input type="checkbox"/>	CRYOGENIC FLUIDS <input type="checkbox"/>	CUTTING & WELDING/HOT WORKS <input type="checkbox"/>
DRY CLEANING <input type="checkbox"/>	EXHIBITS & TRADE SHOWS <input type="checkbox"/>	EXPLOSIVES <input type="checkbox"/>
FLAMMABLE & COMBUSTIBLE LIQUIDS <input type="checkbox"/>	FLOOR FINISHING <input type="checkbox"/>	FRUIT & CROP RIPENING <input type="checkbox"/>
FUMIGATION & THERMAL INSECTICIDAL FOGGING <input type="checkbox"/>	HAZARDOUS MATERIALS <input type="checkbox"/>	HOT WORKS OPERATIONS <input type="checkbox"/>
HPM FACILITIES <input type="checkbox"/>	HIGH-PILED STORAGE <input type="checkbox"/>	INDUSTRIAL OVENS <input type="checkbox"/>
LUMBERYARDS & WOODWORKING PLANTS <input type="checkbox"/>	LIQUID/GAS-FUELED VEHICLES/EQUIP. IN ASSEMBLY BUILDINGS <input type="checkbox"/>	LP-GAS <input type="checkbox"/>
MAGNESIUM <input type="checkbox"/>	MISCELLANEOUS COMBUSTIBLE STORAGE <input type="checkbox"/>	OPEN FLAMES IN ASSEMBLIES <input type="checkbox"/>
ORGANIC COATINGS <input type="checkbox"/>	PLACES OF ASSEMBLY (RESTAURANT, CLUB, SPORTS VENUE, THEATER, ETC.) <input type="checkbox"/>	PRIVATE FIRE HYDRANTS <input type="checkbox"/>
PYROTECHNIC SPEC. EFFECTS MATERIAL <input type="checkbox"/>	PYROXYLIN PLASTICS <input type="checkbox"/>	REFRIGERATION EQUIPMENT <input type="checkbox"/>
REPAIR GARAGES & MOTOR VEHICLE FUEL-DISPENSING FACILITIES <input type="checkbox"/>	ROOFTOP HELIPORTS <input type="checkbox"/>	SPRAYING & DIPPING <input type="checkbox"/>
STORAGE OF SCRAP TIRES & TIRE BYPRODUCTS <input type="checkbox"/>	TIRE-REBUILDING PLANTS <input type="checkbox"/>	WASTE HANDLING <input type="checkbox"/>
WOOD PRODUCTS <input type="checkbox"/>		

2. BUSINESS DATA

Business Name (DBA or other names used): _____

Business Location: _____
(Street Number and Name, City, State, Zip Code)

Mailing Address: _____
(P.O. Box or Street Number and Name, City, State, Zip Code)

Business Telephone: _____ Business FAX: _____

Business E-mail address: _____ Website Address: _____

Is building owned by applicant? (circle one) YES NO If not, Owner's name: _____

Address: _____ Phone Number: _____

Contact person for Inspection: _____ Phone Number: _____

Proposed Start Date: _____ Sales Tax License Number: _____

Sales Activity (circle one): NONE WHOLESALE RETAIL Do you dispense or sell: liquor _____ food _____
yes/no yes/no

Manager or person principally in charge of operation of business

Name & Title: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

Building Owner Information

Owner's Name: _____

Home Address: _____
(Street Number and Name, City, State, and Zip Code)

Fax: _____ Home/Cell Phone: _____ Driver's License #: _____

E-mail: _____ Last 4 digits of S.S. #: _____ Date of Birth: _____

Official Corporate Name: _____

Corporate Address: _____
(Street Number and Name, City, State, and Zip Code)

Telephone: _____ Fax: _____ E-mail: _____

Michigan Corporate/LLC ID #: _____ Date of Incorporation: _____

Federal ID #: _____ LLC Qualification Date: _____

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1. I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 159 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.

Applicant's Printed Name

Applicant's Title

Applicant's Signature

Date of Birth

Date

Fire Department Office

Approved

Disapproved

Fire Chief or designee

Date

Rev 12-07